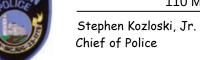
## Town of Monson, Massachusetts Police Department 110 Main Street, P.O. Box 273, Monson, MA 01057





Fax: (413) 267-4162 www.monson-ma.gov

REQUEST FOR PUBLIC RECORDS	
Requester Contact Information	
Name:	Date:
Address:	
- "	CELL #
Requested Report Information	
Date of Incident:	Time of Incident:
Incident Location:	
Type of Report Requested (Circ	
ACCIDENT / ARE	REST / INCIDENT / CALL LOG
Report #	
In accordance with Massachusetts	General Law Chapter 66 Section 10, certain fees may apply.
<u>Deliv</u>	very Method: PICK UP ONLY
	OFFICIAL USE ONLY
equest received by:	Date:
eviewed by:	Date:
Approved in its entirety	Approved but redactedRequest Denied
eason for Denial:	